Filing Date Application Number **CLAIMS ONLY** Applicant(s) May be used for additional claims or amendments AFTER SECOND AMENDMENT AFTER FIRST AMENDMENT CLAIMS Indep Depend Indep Depend Depend Indep Indep Depend Depend Indep Depend Indep 51 52 53 54 55 56 57 58 59 60 61 62 - 63 .12 -13 64 65 66 67 .14 .15 ·16 68 69 ·18 70 71 - 72 73 74 75 76 77 20 21 78 80 81 82 83 32 33 34 84 85 35 86 36 87 37 88 38 89 39 90 40 91 92 93 43 94 95 45 46 96 97 47 48. 98 99 49. 50 100 Total Total Indep Indep Total Total Depend Depend Total Total